IN THE UNITED STATES DISTRICT COURT SOC CLERK, COLUMBIA. SO FOR THE DISTRICT OF SOUTH CAROLINA 2023 JAN -3 PM 12: 31

DONTRELL COCHRAN MONTEZ		Civil Action No. 2:23-cv-16-BHH-MGB	
[Enter	the full name of the plaintiff in this action]	(to be as.	signed by Clerk)
v.	TOKELELL C. T. SULTE	COMPLAINT State Prisoner	
	DEFFICE COUNTY SHEREFF		CLERK, CHAR 2023 JAN -5
,	bove the full name of defendant(s) in this action)	AN -5 AM II: 50
I. P	REVIOUS LAWSUITS		S S
В	otherwise related to your imprisonment? If your answer to A is Yes, describe the lawsuit in the space to additional lawsuits on another piece of paper using the same out. Parties to this previous lawsuit: Plaintiff:	tline.	nit, describe the
	Defendant(s): 2. Court: (If federal court, name the district; if state		
	3. Docket Number:		
	4. Name(s) of Judge(s) to whom case was assigned:		
	5. Disposition: (For example, was the case dismissed? A	ppealed? Pending?)	
	Approximate date of filing lawsuit:		
	7 Approximate date of disposition:		

II.	PL	ACE OF PRESENT CONFINEMENT				
	A.	A. Name of Prison/Jail/Institution: HILL-FINKLEA DETENTION CENTER				
	B.	What are the issues that you are attempting to litigate in the above-captioned case?				
		RECKLESS DISREGARD				
	C.	(1) Is there a prisoner grievance procedure in this institution? YesNo				
		(2) Did you file a grievance concerning the claims you are raising in this matter? Yes No				
		When Grievance Number (if available)				
	D.	Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes No				
	E.	When was the final agency/departmental/institutional answer or determination received by you?				
		If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.				
	F.	If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes				
	G.	If your answer is YES:				
		1. What steps did you take? I was LETTING MEDICAL KNOW EVERYTHIN				
		2. What was the result? NOTHING HAPPENED				
III.	PAR	TIES				
	In l	tem A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, ny.				
	A.	Name of Plaintiff: DONTRELL COCHRAN MONTEZ Inmate No.: 12800				
		Address: 300 CALTFORNIA AVE MONCKS GRNER S.C. 29461				
		In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.				
	B.	Name of Defendant: Position:				
		Place of Employment:				
	C.	Additional Defendants (provide the same information for each defendant as listed in Item B above):				

Complaint - State Prisoner Revised May 9, 2013

II.

IV. STATEMENT OF CLAIM

State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

-6	ON 11-23-22 Apox/AROUND 1:30AM, I WAS ILLEGALLY
	CARCHED DUE TO A TRAFFER STOP FOR, FAMURE TO STOP
	SE BLUE LIGHT I STEPPED OUT TO APPROCH THE
-	FFECGES THEN REALIZE THAT THE OFFECGES RELEASED
	ES DOG THENI ATTEMPT TO FICE AFRAID FOR MY LIFE
	WE HAD A BAS EXPERTENCE WHEN I WAS YOUNGER WITH
	GS AND NEVER EXPECTED TO GO THROUGH THE SAME
	EXPERIENCE AGAIN WITH AN OFFICER DOG, WITH THAT
_	SING SAID I WAS ATTACKED BY THE BOG WITH 2
	FIECERS STANDING OVER ME WITH THEIR WEAPONS
	COUNTED ON ME STATENG TO TAKE MY HAND OF THEIR
/	HEN THEY WELL REPEASE THE DOG SO I LET GO AND
	WENS LATER THE OFFICER DOG WAS RELEASED,
	AND I WAS ARRESTED AND TOOK TO TREDENT MEDICAL
	OSPETAL TREATED THEN TRANSPORTED TO HELL-FONKLEA, DETER
	IN JUST WRITTING WHAT I CAN REMEMBER FROM THAT
-	AY DUE TO ME BLACKING OUT.
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RELIEF	
State briefly and exactly what you want the court to do for you. 5,000,000	
I'M SEEKENG THE SUM OF 10,000,000	
FOR THE FACT OF LOSS OF WAGES,	
PAIN AND SUFFERING, PHYSICAL AND EMOTY	TONAL
TRAMUMA TRAUMA, DEFFECULTY STANDENG/W	DALKING
SLEEPING/RESTING/DREAMING.	
	-
	The state of the s
I declare under penalty of perjury that the foregoing is true and correct.	
Signed this hatellich day of 12 - 22 ,20	22.
Signed this properties of	1
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1 min want	

Signature of Plaintiff

V.